

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107518859

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/					51	/	/				
2	/	/					52	/	/				
3	/	2					53	/	/				
4	/	/					54	/	/				
5	/	1					55	/	/				
6	/	2					56	/	/				
7	/	①					57	/	/				
8	/	①					58	/	/				
9	/	①					59	/	/				
10	/	①					60	/	/				
11	/	①					61	/	/				
12	/	①					62	/	/				
13	/	①					63	/	/				
14	/	①					64	/	/				
15	/	/					65	/	/				
16	/	/					66	/	/				
17	/	/					67	/	/				
18	/	/					68	/	/				
19	/	①					69	/	/				
20	/	/					70	/	/				
21	/	/					71	/	/				
22	/	/					72	/	/				
23	/	/					73	/	/				
24	/	/					74	/	/				
25	/	/					75	/	/				
26	/	/					76	/	/				
27	/	/					77	/	/				
28	/	/					78	/	/				
29	/	/					79	/	/				
30	/	/					80	/	/				
31	/	/					81	/	/				
32	/	/					82	/	/				
33	/	/					83	/	/				
34	/	/					84	/	/				
35	/	/					85	/	/				
36	/	/					86	/	/				
37	/	/					87	/	/				
38	/	/					88	/	/				
39	/	/					89	/	/				
40	/	/					90	/	/				
41	/	/					91	/	/				
42	/	/					92	/	/				
43	/	/					93	/	/				
44	/	/					94	/	/				
45	/	/					95	/	/				
46	/	/					96	/	/				
47	/	/					97	/	/				
48	/	/					98	/	/				
49	/	/					99	/	/				
50	/	/					100	/	/				
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEES CALCULATION SHEET**
(USE WITH FORM PTO-875)

SERIAL NO.

10/58859

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
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147						
148						
149						
150						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	82	←		←		←
TOTAL CLAIMS	88					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
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198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						